



**DEPARTMENT OF THE ARMY
U.S. ARMY PHYSICAL DISABILITY AGENCY (USAPDA)
TRAUMATIC SGLI (TSGLI)
200 STOVALL STREET
ALEXANDRIA, VIRGINIA 22332-0470**

REPLY TO
ATTENTION OF

Traumatic Servicemember's
Group Life Insurance

Dear Service Member:

Thank you for requesting an application for Traumatic Servicemembers' Group Life Insurance (TSGLI).

What is TSGLI?

TSGLI was established by Congress in Section 1032 of the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror and Tsunami Relief, 2005 (Public Law 109-13, 11 May 2005) in accordance with Department of Defense Guidance issued 17 Oct 2005.

TSGLI is a rider which is attached to Servicemembers' Group Life Insurance coverage, and provides insurance payments to members who suffer a qualifying loss due to a traumatic injury. This coverage applies to all Soldiers, irrespective of component (Active, Reserve, or National Guard).

Who is eligible for the retroactive payment?

TSGLI provides retroactive payments for Soldiers who suffer a qualifying loss due to a traumatic injury while serving in theater in Operations Enduring Freedom and Iraqi Freedom or while on orders in a tax exempt combat zone between 7 October 2001 and 1 December 2005. The Soldier must have suffered a qualifying loss due to a traumatic injury. Coverage under SGLI is not required.

Who is currently eligible for TSGLI?

After 1 December 2005, all Soldiers who are covered under SGLI will automatically be covered under TSGLI.

What type of information can I find in this packet?

We have enclosed several documents in this packet to assist you in the TSGLI application process, including:

- TSGLI application
- TSGLI application guide for service members
- TSGLI Frequently Asked Questions (FAQ's)
- Important information for healthcare providers including:
 - Healthcare provider application guide
 - Standards for sensory organ loss and finger loss for TSGLI program
 - Guidelines for the activities of daily living (ADL's)
 - Coma Guidelines
- Please bring the above documentation with you when you visit your healthcare provider.

How do I apply for TSGLI?

1. Review frequently asked questions (FAQ's) and application instructions
2. Complete your application with appropriate information
3. Part B on the form requires certification from a medical professional
4. Submit claim form:

Via Fax: 1-866-275-0684

Via E-mail: TSGLI@hoffman.army.mil

Via U.S. Mail:

Department of the Army
U.S. Army Physical Disability Agency (USAPDA)
Traumatic SGLI (TSGLI)
200 Stovall Street
Suite 8N63
Alexandria, VA 22332-0470

Additional Documentation

Additional Documentation can assist us and your provider in completing your claim. If applicable and you have the following documentation, please provide it with the submission of this claim.

- ☒ Medical Evaluation Board (MEB) Documentation
- ☒ Physical Evaluation Board (PEB) Documentation
- ☒ Line of Duty (LOD) Documentation
- ☒ Accident Report
- ☒ Patient Movement Order
- ☒ Patient Discharge Summaries
- ☒ Hearing Test Results
- ☒ Eye Test Results
- ☒ Speech Test Results
- ☒ Medical Summary and/or History
- ☒ If none of the above is available, provide Proof of Date and Location of Injury

To apply, submit your application today. Do you have questions about this benefit? Please don't hesitate to call the TSGLI Service Center again at 1-800-237-1336, option "2", or email TSGLI@hoffman.army.mil, or visit www.hrc.army.mil/site/crscl/tsqli.

Thank you for your service to our country.

U.S. Army Physical Disability Agency
Traumatic Servicemember's
Group Life Insurance

Enclosures



TSGLI

Traumatic Servicemembers' Group Life Insurance

WHAT IS TSGLI?

TSGLI provides financial assistance to Active Duty, Reserve, and National Guard Soldiers who have suffered a traumatic injury.*

TSGLI BENEFITS

Soldiers (or family members or other representatives) may receive a minimum payment of \$25,000 and a maximum of \$100,000 for a traumatic loss as specified by eligibility requirements. TSGLI will not affect Army or VA disability compensation determinations.

**As defined by DoD Guidance
(Public Law 109-13)*

APPLY TODAY

☐ **Obtain a claim form** by visiting <https://www.hrc.army.mil/site/crsc/tsgli> or calling 1-800-237-1336

☐ **Complete the form**

☐ **Obtain certification** from your health care provider

☐ **Submit claim form:**

Via Fax: 1-866-275-0684

Via E-mail:
TSGLI@hoffman.army.mil

Via U.S. Mail:
Department of the Army
Traumatic SGLI (TSGLI)
200 Stovall Street
Alexandria, VA 22332

LEARN MORE

<https://www.hrc.army.mil/site/crsc/tsgli>

PROGRAM FACTS

	Injury Occurred 7 Oct 01 – 1 Dec 05	Injury Occurred After 1 Dec 05
Benefits:		
Tax free	★	★
One time payment	★	★
Surviving family receives benefits	★	★
File on behalf of eligible Service member	★	★
Receive benefits electronically	★	★
Ability to submit applications electronically or by fax	★	★
Eligibility:		
Must have SGLI coverage		★
Injury occurred between 7 Oct and 1 Dec 05 while on orders in a tax exempt combat zone	★	
Injury occurred after 1 Dec 05 in or out of the theater		★
Suffered a loss within 365 days of the traumatic event that was a direct result of the traumatic injury	★	★

What is a traumatic injury?

TSGLI covers a range of traumatic injuries, including, but not limited to:

- Total and permanent loss of sight in one or both eyes;
- Loss of hand or foot by severance at or above the wrist or ankle;
- Total and permanent loss of hearing in one or both ears;
- Loss of speech;
- Loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joints;
- Quadriplegia, paraplegia, or hemiplegia;
- 3rd degree or worse burns covering 30 percent of the body or 30 percent of the face;
- Coma or traumatic brain injury;
- Other traumatic injury resulting in inability to carry out at least 2 of 6 activities of daily living.

TSGLI Application Guide: Form GL 2005.261

The following check list is being provided to assist you in the completion of Form GL 2005.261, the application for traumatic injury protection under the Service Members Group Life Insurance Program (TSGLI).

Please check and confirm that you have completed each block and have a health care provider complete and sign Part B of the claim form.

If you have questions, please feel free to contact the Army Service Center at 1-800-237-1336, option “2”.

PLEASE NOTE: SEND YOUR COMPLETED CLAIM FORM TO:

Address on the TSGLI claim form is incorrect. If mailing or faxing, use the address/number below.

Via Fax: (866) 275-0684

Via E-mail: tsgli@hoffman.army.mil

Via U.S. Mail:

Department of the Army

U.S. Army Physical Disability Agency(USAPDA)

Traumatic SGLI (TSGLI)

200 Stovall Street

Alexandria, VA 22332

TSGLI Application Part A: Page 4 of 9

Section 1-Service Member Information

☐ Please legibly complete the following information:

- First Name, MI, Last Name
- Social Security Number
- Date of Birth
- Gender
- Branch of Service
- Active Duty, Reserves, National Guard
- Telephone
- Address of Record
- City, State Zip Code
- E-mail Address (PLEASE PROVIDE VALID AKO E-MAIL ADDRESS)

Section 2-Guardian or Attorney in Fact (Complete ONLY if you are using a Power of Attorney for this claim):

☐ If a guardian or Attorney in Fact will receive payment, please complete this section

- Include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with the TSGLI claim form.

Note: Failure to include this documentation will delay payment of the claim.

Section 3-Payment Information:

☐ Select one method of payment for the TSGLI benefit.

- **Service members-** Select either Electronic Funds Transfer (EFT) or Prudential Alliance Account, you do not have the option to choose “check” as a payment method.
- **IMPORTANT:** Please be aware that if you elect to have your TSGLI benefits deposited into a joint account, anyone else with access to that account will have access to your funds. If you feel that you need to protect your funds from access by others, you should open an individual account or elect the Prudential Alliance Account.

- **Guardians or Attorneys of Fact**-Select Electronic Funds Transfer (EFT) or check as a payment method.
- ☐ **EFT: Provide the following:**
 - Bank Name
 - Bank Phone Number
 - Bank Routing Number
 - Bank Account Number
 - Choose Checking or Savings
 - Account Owner's Name (First, MI, and Last Names)
 - Prudential Alliance Account (Available to Service member only): Provide the following:
 - Mailing Address for Payment
- ☐ **Check (Available to Guardian or Attorney in Fact only)-**
 - Check this box (if this is your payment method of choice).
- ☐ **Section 4-Signature**
 - Service member, Guardian or Attorney in Fact *MUST SIGN* this section.

TSGLI Application Part A: Page 5 of 9

Section 5-Authorization to Release Information

- ☐ Complete and sign this portion of the claim form to authorize the release of information/records to OSGLI.
- ☐ Please write your name in both boxes (line one and line three).
- ☐ Additional/supporting documents:
 - Include your PEB, MEB, Line of Duty or Patient Discharge Summary which pertain to your claim. Attach these documents to your application.

*This section **MUST** be completed and signed by the service member, guardian or attorney in fact.*

TSGLI Application Part B: Page 6 of 9-**MUST BE COMPLETED BY HEALTHCARE PROVIDER**

- ☐ Have your healthcare provider complete this section.

SEE Supplemental TSGLI Application Instructions: Form GL 2005.261 Part B - Physician Certification (Pages 6 & 7)

TSGLI Application Part C: Page 8 of 9-**TO BE COMPLETED BY TSGLI DIVISION**

Service members DO NOT complete this section. Once the completed application is received by the TSGLI Division, this section will be completed by the Branch of Service administering the benefit.

- ☐ **Send your completed application to:**
 - Via Fax:** (866) 275-0684
 - Via E-mail:** tsgli@hoffman.army.mil
 - Via U.S. Mail:**
 - Department of the Army
 - U.S. Army Physical Disability Agency (USAPDA)
 - Traumatic SGLI (TSGLI)
 - 200 Stovall Street
 - Alexandria, VA 22332-0470

Questions? Contact TSGLI at 1-800-237-1336, option "2" or visit www.hrc.army.mil/site/crsc/tsgli

Supplemental TSGLI Application Instructions: Form GL 2005.261

Part B - Physician Certification (Pages 6 & 7)

The following check list is being provided to assist you in the completion of Part B-Physician Certification for service members applying for TSGLI.

Please check and confirm that you have completed each block in Part B and follow all instructions to ensure quick processing of the service member's application.

If you still have questions, please feel free to contact the Army Service Center at 1-800-237-1336, option "2".

PLEASE NOTE: Traumatic Injury coverage provides payment for a loss due to a Specific Traumatic event. All medical information must be related to that event.

TSGLI Application Page 6 of 9

Administrative Information (must be complete):

- Social Security Number (Soldier/Patient)
- Patient's Name (First, MI, Last)
- Date of Injury (MM/DD/YYYY) and Diagnosis/Injury resulting in the claim

Order of Certification:

☐

Amputation-

Provide the date of the amputation aligned with the anatomy that applies.

☐

Loss of Sight, Speech or Hearing-

Provide the date of total and permanent loss parallel with the appropriate loss of function.

☐

Paralysis-

Check the appropriate type of paralysis (i.e. hemiplegia, quadriplegia, paraplegia) and provide date of onset.

☐

Brain Injury or Coma-

- For a Coma list:
 - Date of onset and
 - Duration (15/30/60/90 days)
- For Traumatic Brain Injury (TBI) list:
 - Date of onset and
 - Activities of Daily Living (ADL) cannot be independently performed:
 - Dressing;
 - Bathing;
 - Toileting;
 - Eating;
 - Continence;
 - Transferring; and
 - Duration (15/30/60/90 days)

Supplemental TSGLI Application Instructions: Form GL 2005.261 Part B - Physician Certification (Pages 6 & 7)

Note: See #37 under the Schedule of Losses for detailed information on ADL's. Please note, benefits will not be paid under the schedule for concurrent conditions of coma and traumatic brain injury.

TSGLI Application Page 7 of 9

☐

Burns-

For 3rd degree or worse burns covering 30% of the body or 30% of the face

- Check “YES” or “NO”
- Check face or body
- Indicate percentage

☐

Other Traumatic Injuries (NOTE: CANNOT BE A PRE-EXISTING CONDITION)-

- Date of onset and
- Activities of Daily Living (ADL) cannot be independently performed:
 - Dressing;
 - Bathing;
 - Toileting;
 - Eating;
 - Continence;
 - Transferring; and
- Duration (30/60/90/120 days)
- Include comments about the specific conditions that apply to the ADL restrictions and time durations.
- *NOTE: When an amputation, paralysis, etc. is listed as justification for the ADLs for the rehabilitative care, the certification which results in the greatest compensation for the service member will be recommended for payment.*

☐

Physician Information-

Provide as stated on the TSGLI claim form.

- Sign and clearly provide contact information
- You may include an e-mail address in the spaces above the “Specialty” block
- Required: Your official stamp, if available

NOTE: Please provide documentation supporting the soldier's injury.

Questions? Contact TSGLI at 1-800-237-1336, option “2” or visit

<https://www.hrc.army.mil/site/crsc/tsgli>

TRAUMATIC INJURY PROTECTION (TSGLI)
UNDER THE
SERVICE MEMBERS' GROUP LIFE INSURANCE PROGRAM
CERTIFICATION FORM AND INSTRUCTIONS



Administered by the
Office of Servicemembers' Group Life Insurance
290 West Mount Pleasant Avenue
Livingston, NJ 07039-2747
Toll Free Telephone: 1-800-419-1473
Toll Free FAX: (877) 832-4943

TSGLI Certification Package, Edition September, 2005



HOW TO CERTIFY PAYMENT OF TRAUMATIC INJURY PROTECTION (TSGLI)

TSGLI

Effective December 1, 2005, service members who are insured under SGLI and suffer a loss from a traumatic injury are eligible to receive monetary compensation for a total amount not less than \$25,000 and not greater than \$100,000.

Form GL.2005.261

To submit a certification, the service member, the attending medical professional, and the branch of service must each complete this form in accordance with the instructions on the next page.

Method of Payment

Electronic Funds Transfer (EFT)

The benefit will be electronically credited to the bank account specified. This account should be the account of record for payroll purposes. If EFT is not chosen, and there is no guardian or Attorney in Fact, the payment will be made through Prudential's Alliance Account.

Prudential's Alliance Account^{®*}

The benefit will be deposited into Prudential's Alliance Account in the service member's name. The Alliance Account offers the following features:

A personal interest bearing account, which gives the service member ready access to the money, whenever it is needed. To use the account, the service member can simply write a check for the withdrawal amount. The minimum withdrawal is \$250. The service member may write out one check for the entire amount and close the account, or write checks as the money is needed. Interest will continue to be earned on any balance maintained in the account.

What Else You Should Know

TSGLI will be paid directly to the member, **EXCEPT when:**

The member is incompetent –

- In such event, payment will be made by check or EFT to the member's Guardian or Attorney in Fact under a Durable Power of Attorney. Please include copies of letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. In this case, Alliance Account payment is not an option.

The member dies after qualifying for payment but before payment can be made –

- In such event, payment will be made to the member's listed SGLI Beneficiary(ies).

What should be done with the completed certification form?

Once the form is completed, please send it to OSGLI, by toll free fax to 1-877-832-4943, or by mail to:
OSGLI-TSGLI Claim Processing, 290 West Mt. Pleasant Avenue, Livingston, NJ 07039-2747

Any questions regarding the completion of this form, please call OSGLI toll free at 1-800-419-1473 Or e-mail us at osgli.claims@prudential.com.

* Prudential's Alliance Account is a registered trademark of The Prudential Insurance Company of America. BISYS Information Solutions, L.P. is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by Bank One and processing support is provided by Integrated Payment Systems, Inc. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). BISYS Information Solutions, L.P., Bank One, and Integrated Payment Systems, Inc. are not Prudential Financial companies.



INSTRUCTIONS

PART A – To be completed by Service Member

Section 1 – Service Member Information

Section 1 of the form requests identifying information for the service member on whose behalf the benefit will be paid.

Section 2 – Guardian or Attorney in Fact Information

If anyone other than the service member will receive payment, please include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. Failure to include this documentation will delay payment of the benefit. If there is a Guardian or Attorney in Fact, Alliance Account payment is not an option.

Section 3 – Payment Information

Section 3 requests selection of a payment method for the TSGLI benefit. Only one method of payment should be selected. If payment is being made to the service member, only EFT or Alliance Account may be selected. If payment is being made to a guardian or Attorney in Fact, only EFT or check may be selected.

If the payment is to be deposited electronically into the service member's account, please check the Electronic Funds Transfer (EFT) box and complete the banking information. All information is required.

If the payment is to be deposited into an Alliance Account and a checkbook mailed to the service member, please check the Prudential's Alliance Account[®] box and complete the address to which the checkbook should be sent. Alliance Account checkbooks are sent by overnight delivery and, therefore require a street address. They cannot be delivered to Post Office boxes.

If neither method is indicated on the form, and there is no guardian or Attorney in Fact, the benefit will be paid through the Alliance Account. The checkbook will be mailed to the address of record listed in Section 1.

Section 4 – Signature

The service member, guardian, or Attorney in Fact must sign this section.

Section 5 – Authorization to Release Information

The Authorization to Release Information must be completed and signed by the service member, guardian, or Attorney in Fact.

PART B – Medical Professional's Statement

The Medical Professional's Statement asks the attending medical professional (military or civilian) to give details of the injuries that qualify the service member for the TSGLI benefit. The service member should complete Item 1, Service Member's Name and fill in the his or her Social Security Number at the top of both pages.

The attending medical professional must complete all sections that are applicable to the service member's injuries. Where a narrative description is required, please be complete and concise. For all sections, except the signature, please type or print legibly.

PART C – To be completed by the Branch of Service (after receipt of completed parts A and B by the Branch of Service)

Section 6 – Traumatic Event Information

Section 6 of the form requests information about the traumatic event that caused the service member's injuries.

If the service member is deceased, please submit a copy of the Report of Casualty (DD-1300) and Form SGLV-8286, indicating the SGLI beneficiaries.

Section 7 – Certification by Branch of Service

Section 7 of the form requests the Branch of Service to certify the service member's SGLI coverage and to verify that the event that caused the service member's injuries qualifies under the regulations that govern this coverage. If the service member had declined SGLI coverage, please submit a copy of the Form SGLV-8286 indicating the declination.



Certification of Traumatic Injury Protection (TSGLI)

Part A—To Be Completed by Service Member

1 Service member Information

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (MM DD YYYY)	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Branch of Service	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves	Telephone
<input type="text"/>	<input type="checkbox"/> National Guard	<input type="text"/>
Address of Record (number and street)		Apartment (if any)
<input type="text"/>		<input type="text"/>
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address		
<input type="text"/>		

2 Guardian or Attorney in Fact Information

Important Note:
Please include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. Failure to include this documentation will delay payment of the claim.

If a guardian or an Attorney in Fact will receive payment, please complete the following:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (number and street)	Apartment (if any)	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Payment Information

(Please select only one method of payment)

☐ **Electronic Funds Transfer (EFT)** (Available to service member, guardian, or Attorney in Fact)

Bank Name	Bank Phone Number	
<input type="text"/>	<input type="text"/>	
Bank Routing Number	Bank Account Number	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Savings <input type="checkbox"/> Checking		
Account Owner's Name		
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note:
Please enter street address only.
No P.O. Boxes

☐ **Prudential's Alliance Account®*** (Available to service member only)

Mailing Address for Payment	Apartment, Ward or Room (if any)	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ **Payment by Check** (Available to guardian, or Attorney in Fact)

4 Signature

X

Signature of service member, guardian, or Attorney in Fact

Date (MM DD YYYY)

Description of Authority



Certification of Traumatic Injury Protection (TSGLI)

Service member's Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5 Authorization for Release of Information to Branch of Service and Office of Servicemembers' Group Life Insurance

This authorization is intended to comply with the HIPAA Privacy Rule

Name of Insured:

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, medical examiner or other health care provider that has provided treatment, payment or services pertaining to:

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Print Name of Service member

or on my (his/her) behalf ("My Providers") to disclose my (his/her) entire medical record for me or my dependents and any other health information concerning me (him/her) to the Branch of Service and Office of Service members' Group Life Insurance (OSGLI) and its agents, employees, and representatives. Office of Servicemembers' Group Life Insurance (OSGLI) is a division of The Prudential Insurance Company of America, headquartered in Newark, New Jersey. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

I authorize all non-health organizations, any insurance company, employer, or other person or institutions to provide any information, data or records relating to credit, financial, earnings, travel, activities or employment history to OSGLI.

Unless limits* are shown below, this form pertains to all of the records listed above.

By my signature below, I acknowledge that any agreements I (he/she) have made to restrict my (his/her) protected health information do not apply to this authorization and I instruct My Providers to release and disclose my (his/her) entire medical record without restriction.

This information is to be disclosed under this Authorization so that my Branch of Service and OSGLI may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits, 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage I (he/she) have (has) or have (has) applied for with OSGLI.

This authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to OSGLI at: 290 West Mount Pleasant Avenue, Livingston, NJ 07039. I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that OSGLI has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release my complete medical record, OSGLI may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to request and receive a copy of this authorization.

*Limits, if any:

--

X

Signature of service member, guardian or Attorney in Fact

Date (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Description of Authority

--



--	--	--	--

[illegible]

--	--

[illegible]

--	--	--	--

--	--	--	--	--	--	--	--

: ☐ A.M.
 : ☐ P.M.

--	--	--	--

--	--	--	--	--	--

--	--	--	--

--	--	--	--	--	--	--	--

[illegible][illegible]

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--

--	--

--	--	--	--

--	--	--	--

--	--	--	--	--	--	--	--

--	--

--	--

--	--	--	--

--	--	--	--	--	--	--	--

☐ Hemiplegia ☐ Quadriplegia ☐ Paraplegia

--	--	--	--	--	--	--	--

[illegible]

☐ 15 Days ☐ 30 Days ☐ 60 Days ☐ 90 Days

--	--	--	--

☐ Dressing ☐ Bathing ☐ Toileting ☐ Eating ☐ Continence ☐ Transferring

☐ 15 Days ☐ 30 Days ☐ 60 Days ☐ 90 Days

Certification of Traumatic Injury Protection (TSGLI)

Part B—To Be Completed by Attending Medical Professional

Service member's Social Security Number

--	--	--	--	--	--	--	--	--	--

Burns

If claim is for burns, please complete the following:

Are there third degree burns to:

a. Face? ☐ No ☐ Yes - Please indicate percentage of face affected by third degree burns

			%
--	--	--	---

b. Body? ☐ No ☐ Yes - Please indicate percentage of body affected by third degree burns

			%
--	--	--	---

Other Traumatic Injuries

If claim is for the inability to carry out activities of daily living as a result of traumatic injury other than brain injury, please complete the following:

Date of Onset (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Which of the following functions cannot be independently performed?

☐ Dressing ☐ Bathing ☐ Toileting ☐ Eating ☐ Continence ☐ Transferring

Duration

☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 120 Days

Comments (if any):

--

Medical Professional's Signature

Name of Attending Medical Professional (Please Print)

First Name

MI

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medical Professional's Address (number and street)

Suite

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--

City

State

ZIP Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

--	--	--	--	--	--	--	--

Telephone Number

Fax Number

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--	--	--

If civilian medical professional, please complete:

Specialty

--

License Number

State of License

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

If military medical professional, please complete:

Rank

Branch of Service

--

--

Date (MM DD YYYY)

--

--	--	--	--	--	--

Signature

WARNING: Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)



--	--	--	--

--

--

[illegible][illegible]

--	--	--	--	--	--

--	--	--

[illegible][illegible][illegible][illegible]

--	--

--	--	--	--	--

--	--	--	--

--	--	--	--	--	--	--	--

X

* 8 7 3 2 6 0 5 *

CERTIFICATION OF TRAUMATIC INJURY PROTECTION (TSGLI)

Additional comments (if any):



Traumatic Injury Protection under the Servicemembers' Group Life Insurance Program (TSGLI)

Frequently Asked Questions (FAQ)

1. What is TSGLI?

TSGLI was established by Congress in Section 1032 of the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror and Tsunami Relief, 2005 (Public Law 109-13, 11 May 2005) in accordance with Department of Defense Guidance issued 17 Oct 2005.

TSGLI is a rider which is attached to Servicemembers' Group Life Insurance coverage, and will provide insurance payments to members who suffer a qualifying loss due to a traumatic injury. This coverage applies to all Soldiers, irrespective of component (Active, Reserve, or National Guard).

2. How does TSGLI benefit Soldiers?

TSGLI provides valuable support to Soldiers and their families, providing them with financial assistance during recovery from a traumatic loss. The TSGLI benefit is not intended to serve as income replacement and it will not affect Army or VA disability compensation determinations.

3. Who is covered under TSGLI?

For Soldiers who suffer a qualifying loss due to a traumatic injury between 7 October 2001 and 1 December 2005:

TSGLI provides retroactive payments for Soldiers serving in theater in Operations Enduring Freedom and Iraqi Freedom between 7 October 2001 and 1 December 2005. The Soldier must have suffered a qualifying loss due to a traumatic injury (refer to table). Coverage under SGLI is not required.

For Soldiers who suffer a qualifying loss due to a traumatic injury after 1 December 2005:

After 1 December 2005, all Soldiers who are covered under SGLI will automatically be covered under TSGLI.

4. How long does it take to process the application?

If you've recently sent us your application that included an email address, you should receive an email acknowledgement when we receive the form. From that point, most applications are processed within 2 weeks. You will get a letter via the US Mail with your approval or disapproval information when the review is complete. Once you've gotten your approval letter, it usually takes one week for the Office of Servicemembers' Group Life Insurance to process your payment.

In some cases, you may receive your funds before you receive your approval letter. Should this happen, please look for your approval letter in the mail to answer your immediate questions.

5. How is the amount of money awarded determined?

The money awarded to TSGLI recipients is determined by using pre-approved criteria established by Congress and DoD.

6. What are some examples of losses that would award the maximum payment of \$100,000?

- Loss of both hands at or above the wrist
- Loss of both feet at or above the ankle
- Total and permanent loss of sight
- Permanent loss of speech

7. What are some examples of awards of lesser amounts?

- Loss of one hand at or above the wrist-\$50,000
- Loss of thumb and index finger on the same hand- \$50,000

8. Once approved, how will I receive payments?

Soldiers will be paid via Electronic Funds Transfer (EFT) payment may also be made to an interest bearing Prudential Alliance Account from which the Soldier will be able to withdraw funds.

9. Once approved, how long will it take to receive my payment?

Once you've gotten your approval letter, it usually takes one week for the Office of Servicemembers' Group Life Insurance to process your payment. In some cases, you may receive your funds before you receive your approval letter. You can expect your approval letter in a few days. Timeframes for reissue or re-processing certification forms will vary.

10. Will the money always be paid to the Soldier?

Yes, unless the Soldier is declared incompetent. In that case, the Soldier's guardian or attorney will receive payments under a durable power of attorney.

11. Can I decline TSGLI coverage?

SGLI and TSGLI coverage is a package. If a Soldier wants to decline TSGLI coverage, he/she must decline SGLI coverage. The Soldier must fill out a new SGLV 8286 to decline SGLI and TSGLI coverage.

12. What Injuries Are Covered?

TSGLI covers a range of traumatic injuries, including, but not limited to:

- * Total and permanent loss of sight in one or both eyes;
- * Loss of hand or foot by severance at or above the wrist or ankle;
- Total and permanent loss of hearing in one or both ears;
- Loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joints;
- Quadriplegia, paraplegia, or hemiplegia;
- 3rd degree or worse burns covering 30 percent of the body or 30 percent of the face; and
- Coma or the inability to carry out two of the six activities of daily living.

13. What are some examples of instances that occur that would not be covered under TSGLI?

- Attempted suicide, while sane or insane
- Intentionally self-inflicted injury or any attempt to inflict such injury
- Medical or surgical treatment of illness whether the loss results directly or indirectly, while under the influence of an illegal or controlled substance unless administered or consumed on the advice of a doctor
- * While committing or attempting to commit a felony
- Medical/Illness (including mental illness) such as diabetes, PTSD, sleep apnea, headaches, etc.

14. When did the injury have to occur?

To be eligible for the retroactive benefit, the event must have occurred between 7 October 2001 and 1 December 2005. All qualifying losses that are a result of a traumatic injury must occur within 365 days of a traumatic event.

15. Can I receive multiple payments on separate losses?

Payments for multiple numbered losses listed in the schedule for a single event cannot exceed \$100,000. The maximum benefit payable for qualified losses due to more than one traumatic injury occurring within a 7 day time period is \$100,000. However, if a Soldier suffers from two or more separate traumatic events occurring outside of the 7 day time period, multiple payments can be made that exceed \$100,000, although one payment will not exceed \$100,000.

16. What additional information do I need to include with my application?

A completed Physician's Statement (Part B of the TSGLI application) may accompany the TSGLI application providing details of the injuries that qualify the Soldier for the TSGLI benefit. Attending physicians must complete this information.

17. Are TSGLI payments, one-time only?

Yes, this is a one-time payment per injury. However, if a Soldier suffers a second traumatic injury at a later date, he/she may apply for a subsequent award of TSGLI provided the criteria are met.

18. Are family members eligible to receive payments?

Family members with an appropriate Power of Attorney or letter of guardianship may apply for TSGLI benefits on behalf of a Soldier. Family members of a deceased Soldier who survived for 7 days after incurring a traumatic injury and qualifying loss may also apply for TSGLI benefits.

If a Soldier applies for TSGLI, is approved and subsequently dies prior to monetary disbursement, beneficiaries would receive the money allotted by the TSGLI program.

19. After December 1, 2005, what is the premium for TSGLI?

The premium for TSGLI will be a flat rate; regardless of coverage level. The table below outlines current rates for various categories of SGLI coverage:

Duty Status	Premium
Active duty members	\$1.00 per month
Reservists w/full time coverage	\$1.00 per month
Reservists w/part time coverage	\$1.00 per year
Funeral honors duty	no charge
1 day muster duty	no charge

20. What is the application process for TSGLI?

Obtain a claim form by calling 1-800-237-1336 or email TSGLI@hoffman.army.mil, visit the TSGLI web site at <https://www.hrs.army.mil/site/crsc/tsgli>

1. Complete the form
2. Obtain certification from a physician
3. Submit claim form:

Via Fax: 1-866-275-0684 (preferred)

Via E-mail: TSGLI@hoffman.army.mil

or

**Via U.S. Mail: Department of the Army
U.S. Army Physical Disability Agency (USAPDA)
Traumatic SGLI (TSGLI)
200 Stovall Street
Suite 8N63
Alexandria, VA 22332-0470**

21. What do hemiplegia, quadriplegia and paraplegia mean? (As noted on page 6 of the application under Part B)?

Hemiplegia: Paralysis affecting only one side of the body.

Quadriplegia: Paralysis of all four limbs.

Paraplegia: Complete paralysis of the lower half of the body including both legs, usually caused by damage to the spinal cord.

22. What documents should I take to my health care provider to help him or her certify my traumatic loss?

If your current health care provider is not very familiar with your medical history, please take official documentation that explains the cause of your traumatic loss and its effect on your activities of daily living. You may take your PED documents, MEB documents, Line of Duty investigation documents, medical records, discharge summaries, evacuation records, VA Rating Decisions, or any other official documentation that explains the cause of your traumatic loss and its effect on your activities of daily living.

23. What are the activities of daily living (ADL's)?

Find specific information on the activities of daily living using the chart below.

Activities of Daily Living Assessment Guidelines

Provided by the Department of Veterans Affairs

Activity	Can perform ADL	Unable to perform ADL
Eating	Eats without assistance or with minimal assistance Examples: <ul style="list-style-type: none"> Can get food from plate to mouth after another person prepares and sets food before him/her Can take liquid nourishment by mouth through straw, cup, etc. 	Needs assistance in eating or is fed intravenously or by feeding tube Examples: <ul style="list-style-type: none"> Needs assistance in eating or is fed by tube Unable to get food from a dish to his/her mouth Unable to take nourishment by mouth
Dressing	Dresses without assistance or with minimal assistance Examples: <ul style="list-style-type: none"> Able to put on socks and shoes, but may need help tying shoes Able to pull clothing on or off, but needs assistance with fastening garments (e.g. buttons, zippers) Uses adaptive equipment to assist with dressing 	Needs assistance in getting dressed Examples: <ul style="list-style-type: none"> Unable to pull shirt over head or guide arms through sleeves Unable to put on socks or shoes
Bathing (tub, sponge bath or shower)	Bathes without assistance or with minimal assistance Examples: <ul style="list-style-type: none"> Bathes self completely Needs help in bathing one part of body such as back Uses adaptive equipment to get into or out of tub Can get in and out of specially-adapted shower or tub Needs bath drawn/shower turned on 	Needs assistance in bathing or cannot bathe Examples: <ul style="list-style-type: none"> Unable to give oneself a sponge bath and needs assistance from another person to get into or out of tub or shower
Transferring	Moves in and out of bed or chair without assistance or with minimal assistance (may use adaptive equipment) Examples: <ul style="list-style-type: none"> Uses cane to steady oneself while moving between bed and chair Can move in and out of bed with adaptive equipment 	Needs assistance to get in and out of bed or chair Examples: <ul style="list-style-type: none"> Cannot move between bed and chair without the assistance of another person Needs to be lifted into or out of bed or chair
Toileting	Goes to and from toilet and performs associated personal hygiene without assistance or with minimal assistance (may use adaptive equipment and may use bedpan or urinal at night) Examples: <ul style="list-style-type: none"> Can go to and from toilet with adaptive equipment Uses toilet during the day, but uses bedpan at night 	Needs assistance to go to and from toilet to relieve bladder or bowel or to perform associated personal hygiene Examples: <ul style="list-style-type: none"> Cannot wipe self Unable to get on or off toilet without assistance from another person
Continence	Manages and controls bowel and bladder function Examples: <ul style="list-style-type: none"> Manages any device (e.g. catheter, colostomy bag) without assistance Has occasional accidents 	Unable to manage and control bowel and bladder function Examples: <ul style="list-style-type: none"> Needs daily assistance with changing incontinence garments Caregiver manages device (e.g. catheter, colostomy bag) Has accidents daily

Standards for Sensory Organ Loss and Finger Loss for TSGLI Program

Provided by the Department of Veterans Affairs

1. Total and permanent loss of vision

Standards

A member will be considered eligible for a TSGLI benefit for total and permanent loss of vision if they meet one of the following three standards:

	If the member's visual acuity in at least one eye is...	And their peripheral vision in at least one eye is...	And the loss of vision will...
1.	20/200 or less (worse) with corrective lenses	N/A	not improve (with reasonable certainty) throughout member's life.
2.	Greater (better) than 20/200 with corrective lenses	a visual field of 20 degrees or less	not improve (with reasonable certainty) throughout member's life.
3.	Non-existent due to complete loss of the eye (s)	N/A	N/A

Guidance to Applying the Standards for Medical Professionals

Standards for Visual Acuity and Peripheral Vision	Will be measured by:
Visual acuity of 20/200 or less (worse) with corrective lenses	<p>the inability to recognize test letters at 1 foot (.30m) and when further examination of the eyes reveals that perception of objects, hand movements or counting fingers cannot be accomplished at 3 feet (.91m.), lesser extents of visions, particularly perception of objects, hand movements, or counting fingers at distances less than 3 feet (.91 m.), being considered of negligible utility. (38 CFR 4.79 – VA Schedule of Rating Disabilities)</p> <p>Note: In applying the ratings for impairment of visual acuity, a person not having the ability to read at any one of the scheduled steps or distances, but reading at the next scheduled step or distance, is to be rated as reading at this latter step or distance. That is, a person who can read at 20/100 (6/30) but who cannot at 20/70 (6/21), should be rated as seeing at 20/100 (6/30). (38 CFR 4.83 – VA Schedule of Rating Disabilities)</p>
Visual field of 20 degrees or less (limitation to peripheral vision)	<p>The usual perimetric methods at a distance of 330 mm. under illumination of not less than 7-foot candles. For the phakic eye (the eye with a lens), a 3 mm. white disc target will be used, and for the aphakic eye (the eye without a lens), a 6 mm. white disc target will be used. In neither instance should corrective spectacle lenses be worn during the examination.</p> <p>(Social Security Disability Blue Book)</p>

2. Total and permanent loss of hearing

Standard

A member will be considered eligible for a TSGLI benefit for total and permanent loss of hearing if they meet the following standard:

	If the member's average hearing threshold sensitivity for air conduction in at least one ear is...	And their bone conduction...	and the loss of hearing will...
	80 decibels	is of corresponding maximal levels	not improve (with reasonable certainty) throughout member's life.

Guidance to Applying the Standard for Medical Professionals

Hearing Threshold Sensitivity for Air Conduction and corresponding Bone Conduction	Will be measured by:
80 decibels	utilizing pure-tone audiometry. A hearing threshold sensitivity measurement of 80 decibels should be reached by obtaining a pure-tone average (PTA). The PTA is the average of pure tone hearing thresholds at 500, 1000, and 2000 Hz. Examinations will be conducted without the use of hearing aids or other hearing amplification device. (38 CFR 4.85 – VA Schedule of Rating Disabilities)

3. Total and permanent loss of speech

Standard

A member will be considered eligible for a TSGLI benefit for total and permanent loss of speech if they meet the following standard:

	If the member suffers...	and the loss of speech will...
	An organic loss of speech (lost the ability to express oneself, both by voice and whisper, through normal organs for speech). *	not improve (with reasonable certainty) throughout member's life.

***If a member uses an artificial appliance, such as a voice box, to simulate speech, he/she is still considered to have suffered an organic loss of speech and is eligible for a TSGLI benefit.**

Guidance to Applying the Standard for Medical Professionals

Organic Loss of Speech	Will be measured by:
Lost the ability to express oneself, both by voice and whisper, through normal organs for speech.	<p>Evaluating the following aspects of speech:</p> <ol style="list-style-type: none">1. audibility -- the ability to speak at a level sufficient to be hear;2. intelligibility -- the ability to articulate and to link the phonetic units of speech with sufficient accuracy to be understood; and3. functional efficiency -- the ability to produce and sustain a serviceably fast rate of speech output over a useful period of time. <p>When at least <i>one</i> of these attributes is missing, overall speech function is not considered effective.</p> <p>Assessments of speech proficiency should be made by an otolaryngologist or a speech therapist whose evaluation should be based <i>both</i> on personally listening to the claimant's speech and on a history of the claimant's performance in everyday living. The findings should be sufficient to provide the physician</p>

	<p>with a clear picture of the individual's speech capacity. Such an analysis would cover the attributes of speech discussed above and would include a detailed description of the following points:</p> <ol style="list-style-type: none"> 1. <i>The intensity of speech (audibility)</i> -- the conditions under which the individual can and cannot be heard (e.g., in quiet surroundings, noisy places, a moving automobile); the maximum distance at which individuals can be heard; whether their voices tend to become inaudible, and if so, after how long; 2. <i>The ability to articulate (intelligibility)</i> -- the frequency of any difficulties with pronunciation, the extent to which the individual is asked to repeat, and 3. <i>The rate of speech and the degree of ease with which the individual's speech flows (functional efficiency)</i> -- how long he or she is able to sustain consecutive speech; the number of words spoken without interruption or hesitancy; whether he or she appears fatigued, and if so, after how long. (Social Security Regulation 82-57 Loss of Speech) <p>If a member uses an artificial appliance, such as a voice box, to simulate speech, he/she is still considered to have suffered an organic loss of speech and is eligible for a TSGLI benefit.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4. Loss of Two Thumbs or Loss of Thumb and Index Finger

Standard


A member will be considered eligible for a TSGLI benefit for the loss of both thumbs or the loss of thumb and index finger if they meet the following standards:

If the member loses one thumb...	And the other thumb...
at or above the metacarpophalangeal joint *	at or above the metacarpophalangeal joint

If the member loses one thumb...	And the index finger of the same hand...
at or above the metacarpophalangeal joint*	at or above the metacarpophalangeal joint

Please be aware that the words “at or above” in the standard refers to the loss being “closer to the body” than the metacarpophalangeal joint – in other words, loss of the entire finger.

Guidance to Applying the Standard for Medical Professionals

Loss of Thumbs and Index Finger	Requires...
at or above the metacarpophalangeal joint	<p>The loss of the entire thumb on both hands or the loss of the entire thumb and the loss of the entire index finger of the same hand to the metacarpophalangeal joint as shown below:</p>  <p>Distal interphalangeal joints Proximal interphalangeal joints Metacarpophalangeal joints</p> <p>Please be aware that the words “at or above” in the standard refers to the loss being “closer to the body” than the metacarpophalangeal joint – in other words, loss of the entire finger.</p>

Coma Guidance for Traumatic Injury Protection Under SGLI (TSGLI)

Standard

The standard for coma under TSGLI will be based on the Glasgow Coma Scale.

If the member has...	The TSGLI benefit will be...
A total score of eight or less on the Glasgow Coma Scale through 15 consecutive days	\$25,000
A total score of eight or less on the Glasgow Coma Scale through 30 consecutive days	Additional \$25,000
A total score of eight or less on the Glasgow Coma Scale through 60 consecutive days	Additional \$25,000
A total score of eight or less on the Glasgow Coma Scale through 90 consecutive days	Additional \$25,000

Example: The member is rated on the Glasgow Coma Scale on day 16 with a score of three. The member receives a \$25,000 benefit. The member is rated on day 30 with a score of six. The member receives a \$50,000 benefit. The member is rated on day 58 with a score of nine. The member does not receive an additional benefit under coma.

Operational Guidelines

The Glasgow Coma Scale is a common method used to determine severity of brain injury. It is most effective at assessing short-term outcomes and used most often in emergency rooms. It requires interaction of the patient as motor, verbal and eye responses are solicited and rated.

The Glasgow Coma Scale is as follows:

Glasgow Coma Score		
Eye Opening (E)	Verbal Response (V)	Motor Response (M)
4 = Spontaneous	5=Normal Conversation/alert and oriented	6= Obeys commands fully
3= To Voice	4= Disoriented Conversation (confused but coherent)	5 = Localizes to pain
2= To Pain	3= Words, but not coherent	4 = Withdraws to pain

1= None	2= No words, only incomprehensible sounds	3 = Decorticate posture (abnormal posture that consists of rigidity, clenched fists, extended legs, flexed arms)
	1= None	2 = Decerebrate (abnormal body posture indicated by rigid extension of the arms and legs, downward pointing of the toes, and backward arching of the head.)
		1 = None
Total Score is E+V+M Total Score of 13-15 is mild brain injury Total Score of 9 –12 is moderate brain injury Total Score of 8 or less is severe brain injury		

Important Note: If a member is intubated due to respiratory problems, the physician should score the member's verbal response based on what they believe the member's communication abilities would be if he or she were not intubated.

Changes to Regulation and Procedures Guide for Coma

The definition of coma in the TSGLI regulation will include the following definition of coma, as well as the terms medically-induced coma, vegetative state, persistent vegetative state, and minimally responsive state. In addition, the TSGLI Procedures Guide will include similar language.

Coma is defined as a “state of unconsciousness from which the individual cannot (or has not yet) awakened, in which the individual responds minimally or not at all to stimuli, and initiates no voluntary activities.” Persons in a coma often appear to be “asleep” as they cannot be awakened or alerted. They may not respond to any stimuli or only at a very minimal level. They cannot speak and must be attached to medical apparatuses that carry out major bodily functions.

Most people who sustain a severe brain injury and experience a coma are left with permanent physical, cognitive, or behavioral impairments.

Medically Induced Coma is used to allow the brain to recuperate. The patient is placed in a coma by using sedatives to put the brain to sleep.

The patient's brain activity is closely monitored, and the level of drugs adjusted accordingly, to ensure the brain stays "asleep."

The goal is to reduce swelling and pressure, which are often the result of traumatic brain injury. The swelling and pressure cut off blood flow to the brain and can kill healthy brain tissue.

Vegetative State is a severe brain injury in which a person is awake but is unable to interact with the environment. Persons in a vegetative state can open their eyes – sometimes spontaneously, sometimes in response to stimulation. They respond to pain and their respiratory and digestive functions return.

Persistent Vegetative State is a vegetative state that has lasted for more than a month.

Minimally Responsive State is a severe brain injury in which the person is no longer in a coma or a vegetative state. Persons in a minimally responsive state demonstrate primitive reflexes, inconsistent ability to follow simple commands, and awareness of external stimulation.

Changed Language on Page 10 to TSGLI Procedures Guide

Coma due to traumatic brain injury(TBI) - When a member is in a coma due to a traumatic brain injury, TSGLI benefits will be paid based on the number of consecutive days the member is in a coma. Loss of ADLs due to the brain injury will only be considered after the member recovers from the coma.

Benefits Schedule - Payments for coma and/or loss of ADL from traumatic brain injury will be made as follows:

\$25,000 at 15th consecutive day in a coma
\$25,000 at 30th consecutive day in a coma
\$25,000 at 60th consecutive day in a coma
\$25,000 at 90th consecutive day in a coma

Example: On May 1, 2006, a member meets the definition of a coma as the result of a military motor vehicle accident. The member recovers from the coma 36 days later on June 5, 2006. The member's TSGLI benefit will be \$50,000 for the 30 consecutive days in a coma. The benefit for the coma will be paid at two intervals, \$25,000 on the 15th consecutive day and \$25,000 on the 30th consecutive day.

However, after recovering from the coma on the 36th day, the member still suffers from severe brain injury and is unable to dress or bathe without

assistance. The member is unable to dress or bathe without assistance due to their traumatic brain injury for an additional 54 consecutive days. The member will now receive an additional \$50,000 TSGLI benefit for traumatic brain injury, which together with the \$50,000 paid for the coma period, provides a total TSGLI benefit of \$100,000. This benefit will be paid at two intervals, \$25,000 on the 60th consecutive day (this 60 days includes the 36 days in the coma plus the 24 days after the coma with the inability to bathe and dress) and \$25,000 on the 90th consecutive day (this 90 days includes the 36 days in the coma plus the 54 days after the coma with the inability to bathe and dress).

Explanatory Note: Because coma is a form of traumatic brain injury, the member actually had a continuous period of 90 days of TBI, the first 36 of which were manifested by coma, and the last 54 of which resulted in loss of ADLs. Thus, the full \$100,000 benefit is payable.

For many families, planning their financial future is challenging...even under the best of circumstances. After a loved one dies, making important financial decisions on your own can seem even more daunting.

At this difficult time, Financial Counseling Services can help you understand your choices, develop a personal plan, make smart decisions, and give you peace of mind.

Financial Counseling Services is a free benefit offered by the Department of Veterans Affairs to beneficiaries of Servicemembers' Group Life Insurance and Veterans' Group Life Insurance plans.



For information on other VA benefits call
1-800-827-1000

Financial Counseling Services

A free service for
beneficiaries of
Servicemembers'
and Veterans' Group
Life Insurance



Financial Counseling Services... when you need it most.



Get Free, Objective Counseling

With this benefit, you get free financial counseling tailored to your needs from the national team at FinancialPoint®. Their Certified Financial Planners and other financial professionals are experts in handling a wide range of financial situations and offering customized assistance to individuals like you.

You can be assured the guidance you'll receive is objective and impartial. FinancialPoint counselors have no products to sell. They do not receive a commission for their services and they are not affiliated with any banks or investment firms.

Select the Plan You Need

Contact FinancialPoint by phone or email to request a Welcome Kit. You will find it contains valuable, easy-to-understand personal finance information. But most importantly, it has financial planning related questionnaires. The information you provide in these questionnaires is used to create your personalized financial plan.

You can choose to receive one or more Specialized Financial Plans or a Comprehensive Plan.

Specialized Financial Plans

A specialized plan can help you handle specific situations:

If you are under 45 and/or have children:

- College Planning • Wealth Building • Estate Planning

If you are 45 – 65:

- College Planning • Pre-Retirement • Wealth Building

If you are over 65:

- Post-Retirement • Estate Planning

Comprehensive Financial Plan

A comprehensive plan may include information on:

- Estate Planning
- College Planning & Tuition
- Retirement Planning
- Medicaid & Long Term Care Planning
- Debt Reduction
- Social Security Projections
- Trust Planning

Return Your Completed Questionnaire

Choose the most convenient way to return your questionnaires to FinancialPoint – by email or U.S. mail.

Review Your Financial Plan

You'll receive a customized financial plan from FinancialPoint — generally five business days following receipt of your completed questionnaires. Your plan will have specific suggestions, information, and resources for meeting short- and long-term financial goals.

Talk to a Financial Counselor... Whenever You Want

Call FinancialPoint to get answers to any questions you may have about your customized financial plan or to arrange a face-to-face meeting with a counselor. Then, call as often as you want over the next 12 months to speak with a financial counselor.

Knowing and understanding your financial choices will help you make the right decisions and give you peace of mind.

Before You Call...

Please gather the following information: insured's name, date of loss, date of birth, and claim number. However, do not delay contacting FinancialPoint if this information is not available.

CONTACT
FinancialPoint®
TODAY!

Call toll free:

SGLI, FSGLI or VGLI Beneficiary: 1-888-243-7351

TSGLI Beneficiary: 1-800-428-3416

Email: fcs@financialpoint.com